INSTRUCTIONS:

The Traveler must fill out the attached Invitational Travel Request Form completely, and return to DHS&EM:

FAX: (907) 428-7009

The following Invitational Travel Request form must contain the following information:

Name, Home address, Day-Time phone number (for reimbursements)

Requested date and time of departure and return to home or workstation (with preferred form of travel)

Required number of nights for hotel reservations

If you will need a travel advance for per diem, please be sure to request it on the following form. You will receive your advance check once you attend and register for the event. If you do not request an advance, you will be reimbursed for per diem when DHS&EM processes your completed Travel Authorization form after you travel is completed.

After receiving your completed travel request form, DHS&EM will begin internal approval for your travel. If you need confirmation of the receipt of this form, please indicate your request in the comments section of the form. If there are any questions regarding information you have provided on the form, or concerns regarding your request, DHS&EM will contact you directly.

If you are deviating from the state approved travel dates or the most direct route to or from your destination, you must fill out the justification portion of the request form. A Deviation form will be filled out and sent to you for signature. If approved you will be responsible for making your own travel reservations and submit for reimbursement once travel is complete. If you are deviating you will not be eligible for a per diem advance.

DHS&EM will make your airline reservations (unless you are deviating) and e-mail your flight confirmation data. Flights that are not purchased by DHS&EM are not reimbursable unless permission has been received from the DHS&EM in advance. Please indicate in the comments section on the travel request form if you would like the confirmation data another way (i.e. fax).

TSA Secure Flight Program: Homeland Security/Transportation Security Administration (TSA) has mandated all travelers on commercial airlines will provide their legal name, date of birth (DOB), and sex. The information will be used to compare travelers to current "watch lists." One of the results will be to avoid identity confusion and delays in security screening. In order to make a reservation in advance or online, this information must be supplied at the time of booking.

Please ensure both you and your immediate supervisor signs the form. Failure to do so will result in the form being sent back, causing delays in travel arrangements. If you are a State of Alaska employee please ensure to process all costs through DHS&EM. DHS&EM will reimburse all expenses in which a receipt is provided as well as per diem.

At the completion of travel, mail or fax your travel authorization form back to DHS&EM with all original receipts by April 19th, 2013. Travel payments will be processed by DHS&EM, providing all receipts and signatures are included with your travel authorization form.

Without receipts you will only be reimbursed for (per diem). The per diem rate is \$60.00 per day. The per diem rate is prorated according to the time you arrive on the first day and the time you leave on the last day. Effective 01/01/13 the mileage rate has changed to 0.565 per mile.

If you have any questions on your travel or on this form, please contact a DHS&EM Travel Coordinator at 1-800-478-2337 or 1-907-428-7000.

INVITATIONAL TRAVEL REQUEST FORM **ATTENDEE** Attendee Legal Name (as it appears on official ID): Position: _____ Representing: ____ Home Mailing Address: Fax Number: _____ Business Phone: _____ Home Phone: _____ Email: TRAVEL Date, Time, &Destinations: Form of Travel: (Please Check One) ____Airfare ____Ferry ____Personal Vehicle ____City/Borough Vehicle *If Airfare or Ferry reservations are needed please supply the following information: Gender: _____ Date of Birth:_____ Hotel? Y or N _____ # of Nights Advance? Y or N **JUSTIFICATION:** The State of Alaska requires all travel be completed in the most cost-effective manner possible. Please indicate any reasons for a deviation in lowest cost travel, i.e., private vehicle verses airlines, or extended travel dates and the reason: Attendee Signature: Attendee's Supervisor Signature: Division of Homeland Security and Emergency Management's Approval: Approval Date: **Comments:** *Social Security Number's are required to establish traveler in the Alaska Accounting System. This information is safeguarded through state systems and this document is kept in secure files. If you have not traveled with the State of Alaska in the past 6 months, you will be contacted by one of the administrative staff members to request this information. *If the traveler needs airfare or ferry reservations and does not wish to supply the requested information on the form please note for us to call to obtain the required information. If the traveler does not wish to supply the information at all, then the traveler will be responsible for making their own reservations and seeking reimbursement. Reimbursement will only be authorized for the amount the State would have paid.

DHS&EM INVITATIONAL TRAVEL REQUEST FORM

CODE OF CONDUCT:

This code of conduct addresses individuals traveling on Invitational Travel Orders for the Division of Homeland Security and Emergency Management (DHS&EM). As a representative of the State and your local jurisdiction:

- 1. You are expected to observe the highest standards of ethical conduct consistent with the values of integrity, impartiality, and discretion. You should strive to avoid even the appearance of impropriety in your conduct.
- 2. You are expected to act with integrity in all your activities avoiding any behavior that would reflect adversely on yourself, your jurisdiction, or the State of Alaska. Integrity encompasses honesty, decency, and honor.
- 3. You should exercise the utmost discretion in your actions and show tact and reserve in your pronouncements.
- 4. You should treat your peers in a courteous and professional manner with respect and without harassment, or physical or verbal abuse.
- 5. You should never make private use of, nor disclose without authorization any confidential information you obtain while in travel status.

Failure to observe this Code of Conduct could result in immediate actions, up to and including termination of current travel status, recoupment of any expenses incurred by the State, denial of travel reimbursements, letters to your local jurisdiction, and revocation of future travel through DHS&EM.

Please sign and send back with your completed Invitation Travel Request Form.

· ·	nt: By signing below I acknowledge that I have read and und	derstand the
information included.	Failure to sign will result in the denial of travel.	
D' (1)Y		
Printed Name	Signature	Date

Select Sessions to attend.

Check all sessions that you plan to attend. This is critical for our planning purposes so that we are able to book the appropriate room size for each session. Once at the conference you may adjust your schedule as needed, but by providing accurate counts now, this will help us prevent overcrowding in room arrangements. Please note that if you are funded through DHS&EM, you are expected to participate the full day while attending.

Tuesday Sessions (April 2 nd)
☐ Introduction and Welcome, 8:00 – 8:30
TEPW, 8:30-12:00 & 1:30-2:00
LEPC/EMPG Meeting, 2:30-5:00
Wednesday Sessions (April 3 rd)
☐ G-249:Managing People in Disasters, 8:00-12:00 & 1:30-2:30
or
☐ G-108/288: Mass Care & Volunteer Donation Management, 8:00-12:00 & 1:30-2:30
☐ Plenary Speaker and Q&A, 2:45-5:00
Thursday Sessions (April 4 th)
☐ Mitigation Workshop for Emergency Managers, 8:00-12:00 & 1:30-5:00
or
☐ G-197:Emergency Plans for Functional Needs Populations, 8:00-12:00 & 1:30-5:00
Friday Session
LEPCA/SERC Meetings- all day